

## CBO's March 2009 Baseline: MEDICARE

<i>By fiscal year</i>	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
<b>MEDICARE TOTALS (in billions of dollars):</b>												
Mandatory Outlays /1	456.0	495.4	515.7	564.6	574.2	628.5	689.5	718.2	779.7	811.5	846.1	934.9
Discretionary Outlays	<u>5.0</u>	<u>5.3</u>	<u>5.6</u>	<u>5.7</u>	<u>5.9</u>	<u>6.1</u>	<u>6.4</u>	<u>6.7</u>	<u>7.0</u>	<u>7.4</u>	<u>7.7</u>	<u>8.1</u>
Total Outlays	460.9	500.7	521.3	570.4	580.1	634.7	695.9	724.8	786.7	818.8	853.9	943.0
Total Offsetting Receipts /2	<u>-70.2</u>	<u>-73.4</u>	<u>-77.7</u>	<u>-82.5</u>	<u>-87.8</u>	<u>-93.9</u>	<u>-102.0</u>	<u>-106.2</u>	<u>-111.7</u>	<u>-119.5</u>	<u>-128.5</u>	<u>-137.8</u>
Net Outlays (Total Outlays - Receipts)	390.8	427.3	443.5	487.9	492.3	540.8	593.9	618.7	675.0	699.3	725.4	805.2
Net Mandatory Outlays (Mandatory Outlays - Receipts) /3	385.8	422.0	438.0	482.1	486.4	534.6	587.5	612.0	668.0	692.0	717.6	797.1
<b>COMPONENTS OF MANDATORY OUTLAYS (in billions of dollars):</b>												
Benefits												
Part A	223.3	240.6	250.7	271.8	280.0	302.6	325.7	341.1	367.1	383.0	400.0	435.2
Part B	186.9	201.7	207.3	225.6	230.5	250.7	280.5	285.0	302.8	314.5	329.1	359.2
Part D	<u>43.7</u>	<u>50.6</u>	<u>55.3</u>	<u>65.1</u>	<u>61.7</u>	<u>73.5</u>	<u>81.5</u>	<u>90.3</u>	<u>108.1</u>	<u>112.3</u>	<u>115.3</u>	<u>138.8</u>
Total	453.9	493.0	513.3	562.5	572.3	626.7	687.7	716.4	778.0	809.8	844.4	933.2
Administration /4	<u>2.1</u>	<u>2.5</u>	<u>2.4</u>	<u>2.1</u>	<u>1.9</u>	<u>1.8</u>	<u>1.8</u>	<u>1.8</u>	<u>1.7</u>	<u>1.7</u>	<u>1.7</u>	<u>1.7</u>
Total Mandatory Outlays	456.0	495.4	515.7	564.6	574.2	628.5	689.5	718.2	779.7	811.5	846.1	934.9
<b>Annual Growth Rates:</b>												
Mandatory Outlays	4.6%	8.7%	4.1%	9.5%	1.7%	9.5%	9.7%	4.2%	8.6%	4.1%	4.3%	10.5%
Discretionary Outlays	<u>7.2%</u>	<u>5.7%</u>	<u>5.8%</u>	<u>3.0%</u>	<u>3.5%</u>	<u>3.7%</u>	<u>4.1%</u>	<u>4.5%</u>	<u>4.9%</u>	<u>4.9%</u>	<u>5.1%</u>	<u>5.1%</u>
Total Outlays	4.6%	8.6%	4.1%	9.4%	1.7%	9.4%	9.6%	4.2%	8.5%	4.1%	4.3%	10.4%
Total Offsetting Receipts	6.0%	4.6%	5.9%	6.1%	6.4%	7.0%	8.6%	4.1%	5.2%	7.0%	7.5%	7.3%
Net Outlays (Total Outlays - Receipts)	4.4%	9.3%	3.8%	10.0%	0.9%	9.8%	9.8%	4.2%	9.1%	3.6%	3.7%	11.0%
Net Mandatory Outlays (Mandatory Outlays - Receipts)	4.3%	9.4%	3.8%	10.1%	0.9%	9.9%	9.9%	4.2%	9.2%	3.6%	3.7%	11.1%
<b>Memorandum:</b>												
Number of Capitation Payments /5	12	12	12	13	11	12	12	12	13	12	11	12
Mandatory Outlays, adjusted for timing shifts	456.0	495.4	515.7	548.6	590.2	628.5	689.5	718.2	756.7	809.5	871.1	934.9
Annual growth rate:	5.7%	8.7%	4.1%	6.4%	7.6%	6.5%	9.7%	4.2%	5.4%	7.0%	7.6%	7.3%
<b>Notes:</b>												
1/ Average annual rate of growth of mandatory outlays from 2009 through 2019 is 6.6 percent.												
2/ Offsetting receipts include premiums, amounts paid to providers and later recovered, "clawback" payments from the states, and receipts of amounts transferred from the General Fund for administrative spending for Part D (see page 5 for more detail).												
3/ Average annual rate of growth of net mandatory outlays from 2009 through 2019 is 6.6 percent.												
4/ Mandatory outlays for administration in all years support quality improvement organizations, certain activities against fraud and abuse, include payment of Part B premiums for qualified individuals through 2010, and certain administrative activities funded in authorization acts.												
5/ Capitation payments to group health plans and prescription drug plans for the month of October are accelerated into the preceding fiscal year when October 1st falls on a weekend.												

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<i>By fiscal year</i>	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
<b>COMPONENTS OF BENEFITS PAYMENTS (in billions of dollars):</b>												
<b>Part A: Hospital Insurance</b>												
Hospital Inpatient Care	129.1	134.4	136.2	145.6	157.1	165.8	174.6	184.2	195.1	207.2	220.5	234.9
Skilled Nursing Facilities	23.9	25.0	26.2	28.4	30.5	32.5	34.5	36.7	39.1	41.8	44.7	47.8
Hospice	11.4	12.6	13.2	13.8	14.6	15.4	16.2	17.0	18.0	19.1	20.3	21.6
<b>Part B: Supplementary Medical Insurance</b>												
Physician Fee Schedule	59.0	61.5	57.2	58.8	62.2	63.7	63.9	63.8	64.1	65.7	70.0	75.2
Other Professional & Outpatient Ancillary Services /1	29.1	29.8	31.2	34.7	37.7	40.9	44.5	48.2	51.9	55.9	60.1	63.0
Other Facilities /2	18.4	19.1	19.3	20.6	21.9	23.3	24.5	25.9	27.5	29.1	30.8	32.2
Hospital Outpatient PPS Services	20.9	22.5	24.0	26.7	29.3	31.8	34.2	37.0	40.2	43.7	47.4	50.5
<b>Parts A &amp; B</b>												
Group Plans (includes MA)	92.8	110.2	122.1	137.5	122.7	142.3	155.4	162.3	184.3	180.4	175.4	204.3
Home Health Agencies	16.5	17.8	19.0	21.1	23.5	26.2	29.0	32.2	35.7	39.7	43.9	47.9
Medicare Improvement Fund	0.0	0.0	0.0	0.0	0.0	0.0	16.7	5.6	0.0	0.0	0.0	0.0
<b>Part D: Prescription Drug Benefits</b>												
Payments to Prescription Drug Plans	23.2	29.3	32.1	37.8	35.4	42.6	47.2	52.4	63.3	65.7	67.3	81.9
Retiree Drug Subsidy	3.7	3.1	3.1	3.3	3.6	3.9	4.2	4.5	4.9	5.3	5.7	6.1
Low-Income Subsidy	16.9	18.1	20.1	23.9	22.7	27.0	30.1	33.4	39.9	41.4	42.4	50.8
<b>Subtotal, Medicare Benefits, Net of Recoveries</b>	<b>444.9</b>	<b>483.5</b>	<b>503.7</b>	<b>552.4</b>	<b>561.4</b>	<b>615.2</b>	<b>675.0</b>	<b>703.2</b>	<b>764.2</b>	<b>795.0</b>	<b>828.6</b>	<b>916.4</b>
<b>Recoveries:</b>												
Amounts Paid to Providers and Recovered /3	<u>9.0</u>	<u>9.4</u>	<u>9.6</u>	<u>10.2</u>	<u>10.9</u>	<u>11.6</u>	<u>12.7</u>	<u>13.1</u>	<u>13.8</u>	<u>14.8</u>	<u>15.8</u>	<u>16.8</u>
<b>Total, Mandatory Medicare Benefit Outlays</b>	<b>453.9</b>	<b>493.0</b>	<b>513.3</b>	<b>562.5</b>	<b>572.3</b>	<b>626.7</b>	<b>687.7</b>	<b>716.4</b>	<b>778.0</b>	<b>809.8</b>	<b>844.4</b>	<b>933.2</b>

### Notes:

PPS = prospective payment system.

MA = Medicare Advantage

- 1/ Includes durable medical equipment, independent and physician in-office laboratory services, ambulance services, and other services paid by carriers.
- 2/ Includes hospital outpatient non-PPS services, laboratory services in hospital outpatient departments, rural health clinic services, outpatient dialysis, and other services paid by fiscal intermediaries. Also includes payments to skilled nursing facilities for services covered under Part B.
- 3/ Amounts that are paid to providers and later recovered are included in the total for mandatory Medicare spending, but the amounts are not broken out by type of provider. CBO counts the initial payment of such amounts as outlays for benefits and the subsequent recovery as offsetting receipts to conform to the reporting in the Monthly Treasury Statement. In the past, the Medicare Trustees have reported benefits net of recoveries, so they have not treated the recoveries as offsetting receipts.

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<i>By fiscal year</i>	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
<b>ANNUAL GROWTH RATES FOR COMPONENTS OF BENEFITS PAYMENTS: /1</b>												
Hospital Inpatient Care	-0.4%	4.2%	1.3%	6.9%	7.9%	5.5%	5.3%	5.5%	5.9%	6.2%	6.4%	6.5%
Skilled Nursing Facilities	7.7%	4.5%	5.0%	8.4%	7.4%	6.4%	6.2%	6.4%	6.7%	6.9%	6.8%	6.9%
Hospice	12.4%	10.7%	4.3%	5.2%	5.7%	5.1%	5.1%	5.4%	5.8%	6.1%	6.3%	6.4%
Physician Fee Schedule	0.8%	4.2%	-7.0%	2.8%	5.7%	2.4%	0.3%	-0.2%	0.5%	2.6%	6.5%	7.4%
Other Professional & Outpatient Ancillary Services /2	2.8%	2.4%	4.7%	11.1%	8.7%	8.4%	8.6%	8.4%	7.8%	7.6%	7.5%	4.9%
Other Facilities /3	8.3%	3.7%	1.3%	6.7%	6.4%	6.0%	5.5%	5.7%	5.9%	5.9%	5.9%	4.6%
Hospital Outpatient PPS Services	11.7%	7.5%	6.8%	11.3%	9.8%	8.5%	7.7%	8.2%	8.5%	8.6%	8.6%	6.5%
Group Plans	20.6%	18.8%	10.7%	12.7%	-10.8%	15.9%	9.3%	4.4%	13.6%	-2.1%	-2.8%	16.5%
Home Health Agencies	6.8%	7.6%	7.1%	10.6%	11.7%	11.2%	10.8%	11.0%	11.1%	11.0%	10.7%	9.1%
<b>Subtotal, Medicare Part A and Part B Benefits</b>	<b>6.4%</b>	<b>7.9%</b>	<b>3.6%</b>	<b>8.7%</b>	<b>2.5%</b>	<b>8.4%</b>	<b>9.6%</b>	<b>3.3%</b>	<b>7.0%</b>	<b>4.1%</b>	<b>4.5%</b>	<b>9.0%</b>
Prescription Drug Plans and Retiree Drug Subsidy	-17.6%	20.9%	8.4%	17.0%	-5.2%	19.0%	10.6%	10.8%	19.8%	4.0%	2.8%	20.6%
Low-Income Subsidy	2.3%	7.5%	10.9%	18.8%	-4.9%	18.9%	11.4%	10.8%	19.5%	3.7%	2.5%	19.9%
<b>Subtotal, Part D Benefits</b>	<b>-10.9%</b>	<b>15.7%</b>	<b>9.3%</b>	<b>17.6%</b>	<b>-5.1%</b>	<b>19.0%</b>	<b>10.9%</b>	<b>10.8%</b>	<b>19.7%</b>	<b>3.9%</b>	<b>2.7%</b>	<b>20.3%</b>
<b>Total, Medicare Benefits Net of Recoveries</b>	<b>4.4%</b>	<b>8.7%</b>	<b>4.2%</b>	<b>9.7%</b>	<b>1.6%</b>	<b>9.6%</b>	<b>9.7%</b>	<b>4.2%</b>	<b>8.7%</b>	<b>4.0%</b>	<b>4.2%</b>	<b>10.6%</b>
Memorandum:												
Medicare Benefits Net of Recoveries, adjusted to remove effect of timing shifts /4												
Part A and Part B Benefits	7.8%	7.9%	3.6%	6.1%	7.4%	6.0%	9.6%	3.3%	4.6%	6.4%	7.0%	6.6%
Part D Benefits	-10.9%	15.7%	9.3%	9.2%	9.9%	10.6%	10.9%	10.8%	11.0%	11.1%	11.4%	11.8%
Total Medicare Benefits	5.6%	8.7%	4.2%	6.5%	7.7%	6.5%	9.7%	4.2%	5.4%	7.0%	7.6%	7.4%

### Notes:

PPS = prospective payment system.

1/ The growth rates are calculated using benefits net of amounts paid to providers and later recovered.

2/ Includes durable medical equipment, independent and physician in-office laboratory services, ambulance services, and other services paid by carriers.

3/ Includes hospital outpatient non-PPS services, laboratory services in hospital outpatient departments, rural health clinic services, outpatient dialysis, and other services paid by fiscal intermediaries.

4/ The adjustment includes 12 capitation payments per year.

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<i>By fiscal year</i>	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
<b>COMPARISON OF MEDICARE SPENDING AND DEDICATED FUNDING (in billions of dollars)</b>												
Total Medicare Outlays Included in Calculating the Funding Warning /1	463.6	504.2	525.2	558.6	601.0	640.0	701.8	731.4	771.0	825.0	888.1	953.3
Dedicated Medicare Financing Sources /2												
Part A (HI)	210.9	204.8	210.9	221.0	233.8	246.7	259.5	272.2	284.5	297.3	310.4	323.9
Part B (SMI)	44.9	46.2	48.5	51.1	54.3	58.8	64.1	66.7	69.9	74.5	79.7	84.8
Part D	<u>11.6</u>	<u>13.5</u>	<u>14.5</u>	<u>15.5</u>	<u>16.8</u>	<u>18.3</u>	<u>19.9</u>	<u>21.7</u>	<u>23.9</u>	<u>26.4</u>	<u>29.4</u>	<u>32.8</u>
Subtotal, Dedicated Medicare Financing Sources	267.3	264.5	273.8	287.6	304.9	323.8	343.5	360.6	378.3	398.2	419.4	441.4
General Revenue Medicare Funding	196.3	239.7	251.3	271.0	296.1	316.2	358.3	370.8	392.8	426.9	468.6	511.9
General Revenue Medicare Funding (percent of total outlays)	42%	48%	48%	49%	49%	49%	51%	51%	51%	52%	53%	54%
Excess General Revenue Medicare Funding (in percent)	0%	3%	3%	4%	4%	4%	6%	6%	6%	7%	8%	9%
<b>STATUS OF HOSPITAL INSURANCE TRUST FUND (in billions of dollars):</b>												
HI Trust Fund Income												
Receipts (mostly payroll taxes)	218.8	213.0	219.7	230.8	243.3	256.8	270.6	284.2	297.4	311.0	324.9	357.7
Interest	<u>16.7</u>	<u>16.4</u>	<u>15.8</u>	<u>14.8</u>	<u>13.2</u>	<u>11.7</u>	<u>9.7</u>	<u>7.2</u>	<u>4.4</u>	<u>0.7</u>	<u>-3.9</u>	<u>-8.6</u>
Total Income	235.5	229.4	235.4	245.6	256.5	268.5	280.3	291.5	301.8	311.7	321.0	349.1
HI Trust Fund Outlays	226.9	243.7	254.1	274.4	282.2	304.9	328.4	344.5	371.3	388.0	405.4	440.8
HI Trust Fund Surplus (+) or Deficit(-) /3	-0.6	-14.2	-18.7	-28.8	-25.7	-36.5	-48.1	-53.1	-69.5	-76.3	-84.4	-91.7
HI Trust Fund Balance (end of year)	318.7	304.5	285.8	257.0	231.3	194.8	146.7	93.7	24.2	-52.1	-136.5	-228.2

### Notes:

HI = Hospital Insurance (Part A of Medicare), SMI = Supplementary Medical Insurance (Part B of Medicare).

1/ Total Medicare Outlays included in calculating the funding warning differ from Total Outlays (in the "Medicare Totals" block on page 1) because they exclude amounts paid to providers that are later recovered (see footnote 3 on page 5), adjust for differences in numbers of capitated payments each year, and include the basic premiums for Part D that are paid directly to Part D plans by beneficiaries who choose not to have those premiums withheld from their Social Security benefits.

2/ Dedicated sources of revenue include Medicare payroll taxes, the Medicare share of taxes on certain Social Security benefits, Part D "clawback" payments by states, and beneficiary premiums paid from nonfederal sources. However, dedicated revenues do not include offsetting receipts paid with federal funds or amounts recovered from providers.

3/ Deficits, denoted by negative numbers, reflect income minus outlays for each year.

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<i>By fiscal year</i>	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
<b>OFFSETTING RECEIPTS (in billions of dollars):</b>												
Part A Premiums	-2.9	-3.0	-3.2	-3.4	-3.5	-3.6	-3.8	-3.9	-4.1	-4.2	-4.3	-4.4
Part B Premiums /1	-49.4	-51.0	-54.4	-57.7	-61.3	-65.7	-71.4	-74.0	-77.2	-82.2	-88.2	-94.1
Part D Premiums /2	-1.8	-2.3	-2.5	-2.8	-3.0	-3.4	-3.8	-4.2	-4.7	-5.2	-5.9	-6.7
Part D Payments by States	-7.0	-7.7	-8.1	-8.4	-9.0	-9.6	-10.3	-10.9	-11.9	-13.0	-14.3	-15.8
Amounts Paid to Providers and Recovered /3	<u>-9.0</u>	<u>-9.4</u>	<u>-9.6</u>	<u>-10.2</u>	<u>-10.9</u>	<u>-11.6</u>	<u>-12.7</u>	<u>-13.1</u>	<u>-13.8</u>	<u>-14.8</u>	<u>-15.8</u>	<u>-16.8</u>
<b>Subtotal, Offsetting Receipts</b>	<b>-70.2</b>	<b>-73.4</b>	<b>-77.7</b>	<b>-82.5</b>	<b>-87.8</b>	<b>-93.9</b>	<b>-102.0</b>	<b>-106.2</b>	<b>-111.7</b>	<b>-119.5</b>	<b>-128.5</b>	<b>-137.8</b>
<b>Offsetting Receipts Paid With Federal Funds</b>												
Federal Share of Medicaid Payments of Part A Premiums	1.5	1.6	1.8	2.0	2.1	2.2	2.4	2.5	2.7	2.9	3.0	3.1
Federal Share of Medicaid Payments of Part B Premiums	<u>4.5</u>	<u>4.7</u>	<u>5.9</u>	<u>6.6</u>	<u>7.1</u>	<u>6.9</u>	<u>7.4</u>	<u>7.3</u>	<u>7.3</u>	<u>7.8</u>	<u>8.5</u>	<u>9.3</u>
<b>Subtotal, Offsetting Receipts Paid With Federal Funds</b>	<b>5.9</b>	<b>6.3</b>	<b>7.7</b>	<b>8.5</b>	<b>9.1</b>	<b>9.1</b>	<b>9.8</b>	<b>9.8</b>	<b>10.1</b>	<b>10.6</b>	<b>11.5</b>	<b>12.5</b>
<b>Total, Offsetting Receipts from Nonfederal Sources</b>	<b>-64.2</b>	<b>-67.1</b>	<b>-70.0</b>	<b>-74.0</b>	<b>-78.6</b>	<b>-84.8</b>	<b>-92.2</b>	<b>-96.3</b>	<b>-101.6</b>	<b>-108.8</b>	<b>-117.0</b>	<b>-125.3</b>
<b>COMPONENTS OF HOSPITAL INPATIENT PAYMENTS (in billions of dollars):</b>												
Inpatient Operating and Capital-related Payments	108.8	113.4	114.7	122.8	132.9	140.4	147.9	156.1	165.3	175.6	187.0	199.3
Disproportionate Share /4	9.8	10.1	10.5	11.2	11.9	12.6	13.3	14.2	15.1	16.1	17.1	18.3
Indirect Medical Education /4, 5	5.7	6.1	6.2	6.6	7.0	7.4	7.8	8.3	8.9	9.4	10.1	10.7
Graduate Medical Education /4, 5	3.2	3.2	3.3	3.3	3.3	3.4	3.4	3.4	3.5	3.6	3.6	3.7
Other, including bad debt	1.5	1.6	1.7	1.8	1.9	2.0	2.1	2.2	2.4	2.5	2.7	2.9
<b>PAYMENT UPDATES AND CHANGES IN PRICE INDEXES:</b>												
Part A: (fiscal year)												
PPS Market Basket Increase	3.3%	3.6%	2.7%	1.6%	1.6%	1.6%	1.9%	2.3%	2.6%	2.7%	2.7%	2.8%
PPS Update Factor	3.3%	3.6%	2.7%	1.6%	1.6%	1.6%	1.9%	2.3%	2.6%	2.7%	2.7%	2.8%
Part B: (calendar year)												
Physician Medicare Economic Index (MEI)	1.8%	1.6%	2.0%	1.8%	1.1%	0.6%	0.6%	0.8%	1.2%	1.5%	1.7%	1.6%
CPI-U	3.8%	-0.7%	1.4%	1.2%	1.0%	1.0%	1.2%	1.6%	1.9%	1.9%	1.9%	1.9%

### Notes:

PPS = prospective payment system, CPI-U = consumer price index for urban consumers.

1/ Part B premium receipts include the income-related premium.

2/ Does not include premiums that enrollees pay directly to their plans or premiums paid by the low-income subsidy.

3/ The Monthly Treasury Statement classifies the recovery of amounts paid to providers as offsetting receipts. CBO has adopted that classification.

4/ Included in inpatient operating and capital-related payments.

5/ Includes subsidies for medical education that are paid to hospitals that treat patients enrolled in Medicare Advantage plans.

## CBO's March 2009 Baseline: MEDICARE

<i>By fiscal year</i>	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
<b>BENEFICIARY COST SHARING:</b>												
Deductible (calendar year, in dollars)												
Part A (per hospital admission)	\$1,024	\$1,068	\$1,108	\$1,136	\$1,164	\$1,196	\$1,232	\$1,272	\$1,320	\$1,368	\$1,420	\$1,476
Part B (per year)	\$135	\$135	\$151	\$149	\$152	\$159	\$171	\$170	\$174	\$182	\$191	\$198
Part D (per year)	\$275	\$295	\$305	\$325	\$345	\$370	\$395	\$425	\$455	\$490	\$530	\$570
Monthly Premium (calendar year, in dollars)												
Part A (for voluntary enrollees) /1	\$423.00	\$443.00	\$474.00	\$499.00	\$498.00	\$521.00	\$545.00	\$557.00	\$584.00	\$593.00	\$602.00	\$612.00
Part B /2	\$96.40	\$96.40	\$119.40	\$123.00	\$128.00	\$116.00	\$125.30	\$115.50	\$114.50	\$118.80	\$126.80	\$135.00
Part D (on average) /3	\$26.70	\$30.40	\$31.20	\$33.20	\$35.40	\$37.70	\$40.30	\$43.20	\$46.30	\$49.70	\$53.60	\$57.80
<b>ENROLLMENT: (average monthly enrollment during fiscal year, in millions)</b>												
Part A	44.4	45.3	46.2	47.4	48.8	50.4	51.9	53.4	55.0	56.6	58.2	59.9
Part B	41.5	42.1	42.9	43.8	45.1	46.5	47.8	49.2	50.5	51.8	53.3	54.8
Part D /4	31.9	32.7	33.8	34.9	36.2	37.6	38.9	40.3	41.7	43.2	44.8	46.4
Part D Low-Income Subsidy	9.3	9.7	10.2	10.5	10.9	11.3	11.8	12.2	12.6	13.1	13.5	13.9
Part A Fee-for-service Enrollment	34.9	34.4	34.3	35.7	37.1	38.4	39.6	40.8	42.0	43.2	44.5	45.8
Group Plan Enrollment /5	9.5	10.9	11.9	11.6	11.7	12.0	12.3	12.6	12.9	13.5	13.8	14.1
Memo: Medicare Advantage Enrollment	9.1	10.6	11.7	11.4	11.5	11.8	12.1	12.4	12.7	13.0	13.4	13.9
Share of Medicare Part A Enrollment:												
Fee-for-service	79%	76%	74%	75%	76%	76%	76%	76%	76%	76%	76%	76%
Group Plans /5	21%	24%	26%	25%	24%	24%	24%	24%	24%	24%	24%	24%
Growth in Enrollment:												
Total Medicare Enrollment (Part A)	2.7%	2.0%	2.1%	2.4%	3.0%	3.2%	3.1%	2.9%	2.9%	2.9%	2.9%	2.9%
Fee-for-service (Part A)	-0.5%	-1.6%	-0.2%	4.2%	3.8%	3.4%	3.2%	3.1%	3.0%	2.7%	2.9%	3.1%
Group plans (Part A)	16.6%	15.4%	9.3%	-2.7%	0.7%	2.8%	2.5%	2.5%	2.4%	4.1%	2.8%	1.7%

### Notes:

- 1/ Persons 65 and older are entitled to Part A coverage (they do not pay a monthly Part A premium) if they are eligible for Social Security or Railroad Retirement monthly cash benefits. Persons 65 and older who are not entitled may obtain Part A coverage by paying a monthly premium equal to the full actuarial cost of that coverage.
- 2/ CBO is projecting a cost-of-living-adjustment (COLA) of 0% for 2010-2012. A provision in Medicare law prohibits a beneficiary's monthly Social Security check from declining due to increases in Part B premiums. Because premiums for most beneficiaries will not increase for those years, the premiums shown here would be paid by new beneficiaries, Medicaid programs on behalf of low-income beneficiaries, and beneficiaries subject to the income-related surcharge (the income-related surcharge will apply to this base amount).
- 3/ Part D premiums may vary from plan to plan depending on the relationship between each plan's bid and the national average of all plan bids.
- 4/ Includes individuals enrolled in stand-alone prescription drug plans, Medicare Advantage plans with prescription drug coverage, and the retiree drug subsidy.
- 5/ Includes Medicare Advantage, cost contracts, and demonstration contracts covering Medicare Parts A and B. Does not include Health Care Prepayment Plans (HCPPs), which cover Part B services only.